

ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete change)				
PENNIE & EDMONDS LLP 1155 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-2711		RECEIVED Publishing Division JUL 23 1997				
		INVENTOR'S NAME				
		Street Address				
		City, State and ZIP Code				
		<input type="checkbox"/> Check if additional changes are on reverse side				
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED		
08/083,590	06/25/93	09	Scheiner, T. 1806	04/24/97		
First Named Applicant ARTAVANIS-TSAKONAS, SPYRIDON						
TITLE OF INVENTION THERAPEUTIC AND DIAGNOSTIC METHODS AND COMPOSITIONS BASED ON NOTCH PROTEINS AND NUCLEIC ACIDS						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
7328-015	435-007.230	M23	UTILITY	YES	\$645.00	07/24/97
3. Further correspondence to be mailed to the following:			4. For printing on the patent front page, list the name of a firm having as a member a registered attorney or agent.			
			Pennie & Edmonds LLP			

DO NOT USE THIS SPACE

PAPER TO BE ENTERED

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10)	
(1) NAME OF ASSIGNEE: YALE UNIVERSITY		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 16-1150 (Enclose a copy of this form) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)	
(2) ADDRESS: (City & State or Country) NEW HAVEN, CONNECTICUT			
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Signature of party in interest of record) S. Leslie Misrock 18,872 (Reg. No.) By: Adriane M. Antler 32,805 (Reg. No.)	
		(Date) July 23, 1997 08063590	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

08/26/1997 RJHNSON 00000034 DAH: 01 FC:242 02 FC:561 645.00 CH 30.00 CH